



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**INSTRUCTIONS FOR
ANNUAL REPORT FOR A
VIATICAL SETTLEMENT PROVIDER
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the annual report in complying with all statutory and administrative requirements for the submission of the annual report to the Louisiana Department of Insurance (LDOI). The forms and procedures of the reporting process are designed to facilitate our review of the report. Therefore, it is extremely important that all licensees comply fully with the instructions and requirements set forth in this packet.

Direct all communication to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Or
1702 3rd St., Baton Rouge, LA 70802
Phone: (225) 219-4318
Fax: (225) 342-7401
E-Mail Address: mboutwell@ldi.state.la.us

While the LDOI will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

1. Annual reports must be post-marked no later than March 1 of the year due.
2. The information contained in the annual reports is for the year ended December 31 of the year previous to the filing. The report should only include information up to the reporting deadline of December 31. Furthermore, reports should not be postmarked before January 1 of the filing year.
3. All submittals in association with this report must reach the LDOI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. Send all correspondence to the attention of the Louisiana Department of Insurance Company Licensing Division to assure prompt receipt and handling.
4. Submit only a fully completed report. Submittal of a partially completed report will cause processing delays and may result in rejection of the report.
5. **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to the licensee making the report, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
6. All original items submitted become the property of the Louisiana Department of Insurance and **will not be returned**.
7. All entries in the report forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the rejection of the report.

8. When designating a contact person, please remember that all correspondence from our Department in regard to the report will be directed to this individual. Therefore, please choose a person who will be able to respond to most inquiries or direct them to the appropriate person for response. We must be notified in writing of any change in the contact person during the course of the year.
9. The annual report is intended comply with the provisions of La. R.S. 22: 1795 and Regulation 58 of the Louisiana Department of Insurance. La. R.S. 22:1792H requires that notice of certain changes must be submitted within thirty days of the effective date of the change. Submission of the required information with the annual report will not satisfy the statutory requirement if the report is submitted beyond that thirty day time-frame.
10. It is the responsibility of the licensee to insure that none of the responses and submittals in association with this report conflict with the information filed with the domiciliary or any other regulatory agency. Conflicting information may result in regulatory action.

SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE

This application is designed to be an authentic act under Louisiana law. As such, the attestation page requires each signature of to be witnessed by two persons AND executed before a notary.

If the application is filed in the name of an individual, the individual must sign the application. If the application is filed for other than a natural person (individual), the application must be signed by two executive officers or other comparable responsible persons (officer, director, partner , etc). Each signature must be witnessed by two individuals in addition to being sworn before a notary.

INSTRUCTIONS FOR REQUESTING AN EXTENSION OF THE FILING DATE

The annual report for licensees is due by March 1 of each year. If licensees have a legitimate need for an extension of this deadline they must request this extension in writing at least fourteen days and no more than thirty days prior to the filing date. The request must include a detailed explanation of why the extension is needed.

Extensions of the deadline will be given in thirty (30) day allotments and only under the most extreme circumstances will companies be given an extension of more than sixty (60) days.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing viatical settlement providers in Louisiana?

A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code (the Code) and most laws enacted by the Louisiana Legislature which affect viatical settlement providers can be found in that Title. The portions of the Code dealing specifically with viatical settlements are La. R.S. 22:1791-1805. The statutes which address fees payable in association with viatical settlement broker licenses and filings are La. R.S. 22:821 (19). The Louisiana Department of Insurance has also issued Regulation 58 in regard to viatical settlements. Copies of the applicable statutes as well as copies of any applicable Rules and Regulations can be obtained from the LDOI web site at www.ldi.state.la.us.

Q: Is a provider required to file an annual report even if they entered into no viatical transactions in Louisiana in the reporting year?

A: Yes. All licensees must file an annual report every year in which they are licensed.

COMMON QUESTIONS - Continued

Q: How does a viatical settlement provider renew the Louisiana viatical settlement provider license?

A: You may indicate your desire to renew the viatical settlement provider license by answering the question regarding renewal with “yes”. The license will be renewed. At this time there is no fee for renewal of the license so if this question is not answered or answered in the negative, the license will be allowed to expire effective March 1.

Q: If a viatical provider is not licensed until late in the year are they still required to file an annual report?

A: Yes. All viatical settlement providers licensed on or before December 31 of the reporting year must file an annual report for that year.



LOUISIANA DEPARTMENT OF INSURANCE
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COMMISSIONER

**ANNUAL REPORT FOR A VIATICAL SETTLEMENT
PROVIDER IN THE STATE OF LOUISIANA**

General Information (Type or Print)		
PROVIDER NAME: _____		
TRADE NAME: _____		
REPORT FOR YEAR ENDED DECEMBER 31, _____ FEIN OR SOCIAL SECURITY NO.: _____		
CONTACT NAME: _____		CONTACT TITLE: _____
PHONE: _____		FAX: _____
CONTACT ADDRESS: _____		

E-MAIL ADDRESS: _____		
DOMICILE ADDRESS: Below give the domiciliary address of the licensee		

City: _____	State: _____	Zip: _____
MAILING ADDRESS: Below give the mailing address of the licensee		

City: _____	State: _____	Zip: _____
ADMINISTRATIVE OFFICE ADDRESS: Below give the physical address of the main administrative office of the licensee		

City: _____	State: _____	Zip: _____

SECTION 2 - INTERROGATORIES

Answer the following questions. ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS. However, if the licensee has previously supplied the requested information to the LDOI and there are no supplemental documents or explanations to what was previously supplied, you may incorporate the previous explanation by reference herein.

<p>1) Has the licensee made any changes to its Articles of Incorporation, Articles of Association, Partnership Agreement or other such organizational documents which have not been filed with this Department? (If yes, provide a copy of the amended document certified by the proper domiciliary state official.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2) Has the licensee made any changes to its bylaws, rules, regulation or other such similar documents which have not been filed with this Department? (If yes, please provide copies of the amended document certified as true and correct by the secretary of the licensee or a partner in the case of a partnership.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>3) Is the licensee using a trade name for which a Certificate of Trade Name Registration has not been filed with this Department? (If yes, please submit a Certificate of Trade Name Registration issued by the Louisiana Secretary of State indicating that the licensee has registered its use of the trade name with that Office.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>4) Has the licensee made any changes to its operating practices which would invalidate or make obsolete the plan of operation filed with this Department? (If yes, please supply an amended plan of operation.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>5) Are there any persons responsible for the conduct of affairs of the licensee, including all officers*, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the licensee and any other person who exercises control or influence over the affairs of the licensee, for whom biographical affidavits have not been filed with this Department? (If yes, submit completed biographical affidavits for each such person and the effective date of the election/appointment of this person.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>6) Is the licensee part of an insurance holding company group? (If yes, provide the holding company group code assigned by the NAIC. _____)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>7) Has the licensee ever had an application denied by any state or federal regulatory authority?(If yes, provide details including the type of application, the identity of the authority which issued the denial, the reasons for the denial and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>8) Has the licensee or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the licensee ever had a Certificate of Authority or license suspended or revoked by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>9) Has the licensee ever been subject to any regulatory action including cease and desist orders, fines, consent agreements or similar actions? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* "Officer" is defined by La. R.S. 22:1531 as president, vice president, treasurer, actuary, secretary, controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

SECTION 5 - INTERROGATORIES

10) Has the licensee ever been placed into any type of regulatory supervision or rehabilitation by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events and an explanation of the current status.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Is the licensee currently involved in any dispute or controversy with any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Has the licensee ever been the subject of bankruptcy or liquidation proceedings? (If yes, provide the jurisdiction of the proceedings, the docket number, the current status and the date of final dispensation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Is the licensee currently a defendant or the subject of any legal action alleging fraud, dishonesty or breach of trust on the part of the licensee or its officers, directors, trustees or members? (If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Has the licensee or any person who is presently an officer, director or owner of 10 percent or more of the licensee ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or bill of information, in any jurisdiction, charging a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Within the last five years, has the licensee undergone a change in ownership (direct or indirect) of ten percent or more? (If yes, provide a full explanation of the change in ownership and an organizational/ownership chart which clearly shows the ownership of the licensee both before and after the transaction.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Is the licensee presently negotiating or inviting negotiations or acting as party to a counter-letter which would result in a merger or consolidation with any other entity or which would result in a change of ownership of 10 percent or more of the licensee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Does the licensee contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18) Does the licensee wish to renew the Louisiana viatical settlement provider license for another year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FINANCIAL STATEMENT:

A financial statement as of December 31 of the reporting year must be filed with this annual report. The report must be certified as true and correct by two officers, partners or members of the provider but need not be audited.

SECTION 3 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (no initials), Social Security number, date of birth, percentage of ownership (if applicable) and position with the licensee of all natural persons responsible for the conduct of affairs of the licensee. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and every natural person owning, directly or indirectly, 10 percent or more of the licensee and any other natural person who exercises control or influence over the affairs of the licensee.

FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
and _____ who, after being duly sworn, did depose and say that
all information contained in this annual report and all attachments thereto is, to the best of his/her knowledge,
true, complete and correct.

Signature of Witness

Signature of Provider or Authorized Representative

Printed Name of Witness

Printed Name and Title of Authorized Representative

Signature of Witness

Signature of Authorized Representative of Provider

Printed Name of Witness

Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires _____